

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED VS SEP 7 1960

-60-033252
STATE FILE NUMBER

NDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 9528

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Greendale</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS <u>63 Greendale Drive</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Paul</u> Middle <u>M.</u> Last <u>Brackman</u>		4. DATE OF DEATH Month <u>8</u> Day <u>23</u> Year <u>1960</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/10/05</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Assembly Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet Motor</u>	
11. BIRTHPLACE (City and state or country) <u>Concordia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Adolph Brackman</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Schelp</u>	
14. NAME OF HUSBAND OR WIFE <u>Georgia M. Brackman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-09-3658</u>	
17. INFORMANT <u>Georgia M. Brackman</u>		Address <u>63 Greendale</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Brain Tumor</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Cerebral swelling</u> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>1-2 mos.</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>8-20-60</u> to <u>8-23-60</u> and last saw her alive on <u>8-23-60</u> Death occurred at <u>8:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Francis J. Walker</u> (Degree or title) <u>GA</u>		22b. ADDRESS <u>4161 Lindell Blvd.</u>	22c. DATE SIGNED <u>8-24-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>8/26/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery Kansas City, Mo.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>Drehmann-Harral, 1905 Union Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>8-25-60</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy</u> M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Je 1-9933
Hrs. 3-5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Albert R. Thompson

Licensed Embalmer No. 4231

P. O. Address *H. J. Davis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.